### 1995-96 SESSION COMMITTEE HEARING RECORDS

Committee Name: Joint Committee on Finance (JC-Fi)

#### Sample:

Record of Comm. Proceedings ... RCP

- > 05hrAC-EdR\_RCP\_pt01a
- ➤ 05hrAC-EdR\_RCP\_pt01b
- > 05hrAC-EdR\_RCP\_pt02

- > Appointments ... Appt
- > \*\*
- Clearinghouse Rules ... CRule
- > \*\*
- > Committee Hearings ... CH
- > \*\*
- > Committee Reports ... CR
- > \*\*
- > Executive Sessions ... ES
- > \*\*
- > <u>Hearing Records</u> ... HR
- > \*\*
- Miscellaneous ... Misc
- > 95hrJC-Fi\_Mísc\_pt111a
- > Record of Comm. Proceedings ... RCP
- > \*\*

		·

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

August 12, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Maternal and Child Health Federal Consolidated Program (State Systems Development Initiative), State Application Identifier Number WI970718-204-N93110XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sinderely

Mark D Bugher

WISCONSIN FEDERAL GRANT APPLICATION NOTICE Federal-State Relations Office Department of Administration 101 E. Wilson Street, 6th Floor DOA-7020(R12/92) P.O. Box 7868 fadison, W1 53707-7868 felephone 608/267-2125 Agency I.D. (Optional) Department of Health and Family Services CFDA # 93 • 1 4 Address (Street/City/State/Zip) Federal Agency to Receive Request 1414 East Washington Avenue Room 167 Maternal and Child Health Bureau (MCHB) 53703-3044 Madison. WT Period of Funding Mo/Day/Year 7 10/1/97 Application Due Date Mo/Day/Year Contact Person (608)Colleen Cantlon Phone 267-9300 9/30/98 7/15/97 8 Agency Project Title 9 Executive Order 12372 Review Required 10 Area of Impact Counties/States State Systems Development Initiative, X No Yes State 12 Type of Assistance 11 Type of Application Clearinghouses: Notified Dates **New Grant** Amendment to Current Grant Formula X Discretionary Continuation-Unchanged Continuation-Modified Other Αll 13 Number of Years Previously Funded 14 Funding, Allotment and Position Data (including Federal indirect costs) \$ 100,000. Total Federal Funds Applied For .. **New Positions** Numeric **Existing Positions** Revenue Type No. (FTE) Appropriation Source Amount Type No. (FTE) Type 100,000 0 0 149 Federal PR-F \$ 15 Indirect Cost Reimbursement X No Yes Rate. Base Amount . Authorized Agency Representative (Type or Print) Title if other than Agency Secretary 16 Authorizations Richard W. Lorang Deputy Secretary

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Deny

Approve With Conditions

July 10, 1997

SAI Number

**Date Received** 

**Delegated Review** 

Recommendation: Approve

**Reviewing Analyst** 

Signature .

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

April 16, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Preventive Health and Health Services
Block Grant FFY97, State Application
Identifier Number WI970214-037-N93991XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Mark D. Bugher

form DOA-7020 (R 5-8 oor	38)			Ope	rederal	-State Relations Offi 101 S. Webster St.
Formerly FDA 50)				Te Te		x 7868 n, WI 53707-7868 one 608/267-2125
1 Appliicant Agenc	У		2			IGHO/(O.General
Dept. of Health	and Family Service	es	CFDA #	* 93.991	7.5	
4 Address (Street/	City/State/Zip)		5 Federa	al Agency to Receive Requ	jest	
1414 East Was	shington Avenue, Ro	oom 233	Cente	rs for Disease Control and	Prevention	
Madison, WI 5	53703-3044		6 Period	of Funding Mo/Day/Year	7 Apr	olication Due Date
Contact Person			<u> </u>	10/01/96		Mo/Day/Year
Jennifer Argelander Phone 266-5822		- 1	09/30/97		NA	
8 Agency Project	Title		9 Execu	itive Order 12372 Review I	Required	1 Area of Impact
Preventive He	alth & Health Servic	es (Prevention)			)	Counties/States
Block Grant		- <del></del> -		es ( x No	/	
11 Type of Applicat	lion	12 Type of Assistance	e Clearingho	uses: NotifiedDates		Statewide
New Grant		Grant		NI CI		
Amendmer Amendmer	nt to Current Grant	χ Formula		100 rea	· <u>E 0</u>	
	on-Unchanged	Discretiona	ry			
Continuation	on-Modified	Other				
13 Number of Year	s Previously Funded	Sixteen (16)		All		
Numeric	_	**************************************		New Positions	E	xisting Positions
Appropriation	Source	Revenue Type	Amount	No. (FTE) Type		(FTE) Type
Appropriation 190	Source Federal	Revenue Type PR-F \$	Amount 1,591,004	No. (FTE) Type	No.	(FTE) Type
				No. (FTE) Type	No.	(FTE) Type
190	Federal	PR-F \$	1,591,004	No. (FTE) Type	No. + 1	(FTE) Type 20.05 Perm.
190	Federal	PR-F \$	1,591,004	No. (FTE) Type	No. + 1 per	(FTE) Type 20.05 Perm.
190	Federal	PR-F \$	1,591,004	No. (FTE) Type	No. + ]	(FTE) Type 20.05 Perm. 1.0 FTE nding
190	Federal	PR-F \$	1,591,004	No. (FTE) Type	No. + ] per (s. to	(FTE) Type 20.05 Perm. 1.0 FTE nding16.50(3)
190	Federal	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004	No. (FTE) Type	No. + ] per (s. to	(FTE) Type 20.05 Perm. 1.0 FTE nding .16.50(3) 0 be
190	Federal	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004	No. (FTE) Type	No. + ] per (s. to	(FTE) Type 20.05 Perm. 1.0 FTE nding .16.50(3) 0 be
190	Federal Federal	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004	No. (FTE) Type	No. + ] per (s. to	(FTE) Type 20.05 Perm. 1.0 FTE nding .16.50(3) 0 be ocessed)
190 192 15 Indirect Cost R	Federal Federal	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004 2,170,567	Amount \$117,371	No.	(FTE) Type 20.05 Perm. 1.0 FTE nding16.50(3) 0 be occessed)
190 192 15 Indirect Cost R	Federal Federal	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004 2,170,567 32,418 epresentative (Ty	Amount \$117,371 ppe or Print)   Title if	No.  + 1  per (s.  pro	(FTE) Type  20.05 Perm.  1.0 FTE  16.50(3)  5 be  5 be  5 ccessed)  No  Agency Secretary
190 192  15 Indirect Cost R  X Yes Ra	Federal Federal eimbursement	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004 2,170,567 32,418 epresentative (Ty	Amount \$117,371 The or Print) Title if Deput	No.	(FTE) Type  20.05 Perm.  1.0 FTE  nding16.50(3)  be occessed)  No Agency Secretary
190 192  15 Indirect Cost R  X Yes Ra	Federal Federal	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004 2,170,567 32,418 epresentative (Ty	Amount \$117,371 Title if Deput Date	No.  + 1  per (s.  pro  other than A	(FTE) Type 20.05 Perm. 1.0 FTE nding 16.50(3) 0 be ocessed)  No Agency Secretary
190 192  15 Indirect Cost R  X Yes Ra  1c Authorizations  Dele	Federal Federal eimbursement ate .141	PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,591,004 2,170,567 32,418 epresentative (Ty	Amount \$117,371 rpe or Print) Title if Deput Date	No.  + 1  per (s.  to pro  other than A  y Secretar	(FTE) Type 20.05 Perm. 1.0 FTE nding 16.50(3) 0 be ocessed)  No Agency Secretary
190 192  15 Indirect Cost R  X Yes Ra  1c Authorizations  Dele	Federal Federal eimbursement ate .141	PR-F PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Authorized Agency R Richard W. Lorang Signature RICHARD W. LORANG Signature RICHARD W. LORANG RICHARD W. LORANG	1,591,004 2,170,567 32,418 epresentative (Ty	Amount \$117,371 ppe or Print) Title if Deput Date 2. ARENUSEONA	No.  + 1 per (s. to pro	(FTE) Type  20.05 Perm.  1.0 FTE  16.50(3)  5 be  5 cessed)  No  Agency Secretary  Type
190 192  15 Indirect Cost R  X Yes Ra  1c Authorizations	Federal Federal eimbursement ate .141 egated Review	PR-F PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Authorized Agency R Richard W. Lorang Signature Comparison Signature Richard W. Lorang	1,591,004 2,170,567 32,418 epresentative (Ty	Amount \$117,371 pe or Print) Title if Deput Date  ARIONUSE ONIX	No.  + 1  per (s.  to pro  other than A  y Secretar  ber WI	(FTE) Type  20.05 Perm.  1.0 FTE  16.50(3)  5 be  5 cessed)  No  Agency Secretary  Type
190 192  15 Indirect Cost R  X Yes Ra  1c Authorizations	Federal Federal eimbursement ate .141 egated Review	PR-F PR-F \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Authorized Agency R Richard W. Lorang Signature Comparison Signature Richard W. Lorang	1,591,004 2,170,567 32,418 epresentative (Ty	Amount \$117,371 ppe or Print) Title if Deput Date 2. ARENUSEONA	No.  + 1  per (s.  to pro  other than A  y Secretar  ber WI	(FTE) Type 20.05 Perm. 1.0 FTE 16.50(3) be 16.50(3) No Agency Secretary

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Centers for Disease Control and Prevention Investigations and Technical Assistance (Communicable Disease Surveillance and Response), State Application Identifier Number W1970611-158-N93283XX.

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Mark D. Bugher

Form DOA-7020 (R 5-88) Formerly FDA 50)  Applicant Agency	nuestigations or sease Control	Tech. Asst. o Precention -	Federal-State Relations Office 101 S. Webster St., 6th Figor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125
Dept. of Health and Family Se	20/1025	2	3 Agency I.D. (Optional)
Address (Street/City/State/Zip)	R 41CC3	CFDA# 9 3 . 2 8	
1414 E. Washington Avenue	Dm167	5 Federal Agency to Receive Requ	Jest
Madison, WI 53703	Killio	Centers for Disease Control	
Contact Person		Period of Funding Mo/Day/Year	7 Application Due Date
	Ohana	09/01/97	Mo/Day/Year
Jeffrey P. Davis MD  s /Agency Project Title	Phone 267-9003	08/31/98	06/16/97
		Executive Order 12372 Review	Required 1 Area of Impact
Communicable Disease Surve	alliance and Response		Counties/States
		X Yes _ No	/
Type of Application	12 Type of Assistance	Clearinghouses: Notified Dates	All counties
X New Grant	Grant	1 1 7 7	
Amendment to Current Grant	Formula .	No WIT	0
Continuation-Unchanged	X Discretionary		
Continuation-Modified	Other		
Number of Years Previously Funde	7.407	X All	
Funding, Allotment and Position Da  Total Federal Funds Applied For  Numeric  Appropriation Source	\$236,854	New Positions	Existing Positions
149 Federal	PR-F \$		
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	236,854 2.0 Per	m. 0 NA
15 Indirect Cost Reimbursement			
X Yes Rate 14.2%	Base \$80.00		☐ No
	Authorized Agency Represe	V11,000	No No other than Agency Secretary
X Yes Rate 14.2%  16 Authorizations	300,00	entative (Type or Print) Title if	
X Yes Rate 14.2%	Authorized Agency Represe	entative (Type or Print)  Title if  Depu	other than Agency Secretary ty Secretary
X Yes Rate 14.2%  16 Authorizations  Delegated Review	Authorized Agency Representation Richard W. Lorang Righatuse	entative (Type or Print)  Title if  Deput  Date	other than Agency Secretary
X Yes Rate 14.2%  16 Authorizations  Delegated Review	Authorized Agency Representation Agency Representation Authorized	entative (Type or Print)  Title if  Deput  Date  DMINISTRATION USE ONLY	other than Agency Secretary ty Secretary ((でて7
X Yes Rate 14.2%  16 Authorizations  Delegated Review  Reviewing Analyst	Authorized Agency Representation Richard W. Lorang Righatuse	DMINISTRATION USE ONLY	other than Agency Secretary ty Secretary  ((-77  nber 6190611-158-

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Self-Management of Mental Illness, State Application Identifier Number WI970623-168-N00000XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Mark D. Bugher

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868

Telephone 608/267-2125 Appliicant Agency Agency I.D. (Optional) +3 2 Dept. of Health and Family Services CFDA# Charles and the Control of the Control Address (Street/City/State/Zip) Federal Agency to Receive Request 1 West Wilson, P. O. Box 7850 Bureau of Justice Assistance Madison, WI 53707-7850 Period of Funding Mo/Day/Year Application Due Date Contact Person Est. from 9/97 thru Mo/Day/Year Phone 267-7921 Laura Flood 3/99 (18 mon.) 6/2/97 Agency Project Title Executive Order 12372 Review Required Area of Impact Counties/States Self-Management of Mental Illness w No ☐ Yes Type of Assistance Type of Application Clearinghouses: Notified Dates statewide - WI 11 Grant **New Grant** Formula Amendment to Current Grant Continuation-Unchanged Discretionary Continuation-Modified Other Number of Years Previously Funded All Funding, Allotment and Position Data (including Federal indirect costs) 14 Total Federal Funds Applied For \$110,300 **New Positions** Numeric **Existing Positions** Revenue Type Appropriation Source Amount No. (FTE) Type No. (FTE) Type Federal PRF PROJ 241 2 10.300 \$ \$ \$ \$ Indirect Cost Reimbursement Yes Rate No Amount Authorized Agency Representative (Type or Print) Authorizations Title if other than Agency Secretary 16 Richard W. Lorang **Deputy Secretary** Signature **Delegated Review** Date 5-30-27 FOR DEPARTMENT OF ADMINISTRATION USE ONLY Reviewing Analyst Phone SAI Number X Approve Recommendation: Approve With Conditions Ďeny Date Received 16/97 Date Signature Date Due

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

NGRI Processes and Conditional Release Program-Criminal Justice System, Education and Training, State Application Identifier Number WI970623-167-N00000XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Mark D. Bugher

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868

Appliicant Agency  Dept. of Health and Family Services		CFDA #	632 3884	Agency (.D. (Optional)	
Address (Street/City/State/Zip)		5 Federal Agency to Receive Request			
1 West Wilson, P. O. Box 7850		Bureau of Justice Assistance			
Madison, WI 53707-7850		8 Period of Funding Mo/Day/Year 7 Application Due 0			
Contact Person	Est. from 9	1/97 thru	Mo/Day/Year		
Laura Flood Phone	3/99 (18 m	on.)	6/2/97		
8 Agency Project Title	9 Executive Order 123	72 Review Require	d 1 Area of Impact		
NGI Processes & Conditional Release Program -				Counties/States	
Criminal Justice System, Education & Training	)	Yes	No		
11 Type of Application 12 Type	of Assistance	Clearinghouses: Notified	Dates	statewide - WI	
X New Grant Grant	t				
Amendment to Current Grant	Formula				
Continuation-Unchanged X	Discretionary				
Continuation-Modified Other	r				
13 Number of Years Previously Funded 0		All			
14 Funding, Allotment and Position Data (including Fed	deral indirect cost	ts)			
Total Federal Funds Applied For \$94,000					
Numeric		New F	ositions	Existing Positions	
Appropriation Source Revenue T	ype Am	nount No. (FTE)		No. (FTE) Type	
241 Federal PRF	\$ 9	4.000 1	PROJ		
	s	<del>1) 9  </del>			
	\$				
	s				
	s				
i	13				
	\$				
	s s				
15 Indirect Cost Reimbursement	\$ <u></u>				
<b>.</b>	\$ \$	Amount		X No	
Yes Rate B  16 Authorizations Authorized	\$ \$ Base d Agency Represe	Amount entative (Type or Print)	Title if other th	X No an Agency Secretary	
Yes Rate B  16 Authorizations Authorized Richard	\$ \$		Title if other th	an Agency Secretary	
Yes Rate B  16 Authorizations Authorized	\$ \$ Base d Agency Represe	entative (Type or Print)	Deputy Secr Date	an Agency Secretary etary	
Yes Rate B  16 Authorizations Authorize Richard  Delegated Review Signature	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	entative (Type or Print)	Deputy Secr	an Agency Secretary etary  77	
Yes Rate B  16 Authorizations Authorized Richard V  Signature  FOR DEPARTI	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	entative (Type or Print)	Deputy Secr	an Agency Secretary etary  77	
Yes Rate B  16 Authorizations Authorized Richard V  Delegated Review Signature  FOR DEPARTI	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	entative (Type or Print) > \0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Deputy Secr Date 5-30	an Agency Secretary etary 77	
Yes Rate  B Authorizations  Authorized Richard  Signature  FOR DEPARTI  Reviewing Analyst  Authorized  Richard  Signature  Authorized  Richard  Authorized  Richard  Signature  Authorized  Richard  Signature  Authorized  Richard  Ric	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	entative (Type or Print)  O  MINISTRA (ION/USE)  7 9 5 4	Deputy Secr Date 5-30	an Agency Secretary etary 77	
Yes Rate  B Authorizations  Authorized Richard  Signature  FOR DEPARTI  Reviewing Analyst  Authorized Richard  Signature  Authorized Richard  Authorized Richard  Signature  Authorized Richard  Signature  Authorized Richard  Authorized Richard  Signature  Authorized Richard  R	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	entative (Type or Print)  MINISTRATION USE  O 9 5 9 6  Inditions Deny	Deputy Secr Date 5-30. ONLY SAI Number	an Agency Secretary etary  77  WP 7706 33-16	

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Dual Diagnosis Treatment for High Management Inmates, State Application Identifier Number WI970623-166-N00000XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Mark D. Bugher

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868

						ephone 608/267-2125
Appliicant Age	<del>-</del>		2		€33	Agency I.D. (Optional)
	Ith and Family Servic	es	CFDA#		<b>(M)</b>	
·	et/City/State/Zip)		5 Federal	Agency to Rec	eive Request	
1	on, P. O. Box 7850			of Justice Assis		
1	53707-7850		6 Period o	f Funding Mo/D	ay/Year 7	Application Due Date
Contact Perso	n			Est. from 9/9	7 thru	Mo/Day/Year
Laura Flood		Phone 267-7921		3/99 (18 mor		6/2/97
3 Agency Project			9 Executiv	e Order 12372	Review Require	d 1 Area of Impact
Dual Diagno:	sis Treatment for Hig	h Management Inmates				Counties/States
			Yes		No	
11 Type of Applic		12 Type of Assistance	Clearinghous	es: Notified	Dates	statewide - WI
X New Gra		Grant				
1	ent to Current Grant	Formula				
1	tion-Unchanged	χ Discretionary				
	tion-Modified	Other				
l I	ars Previously Funded	0		All		
14 Funding, Allott	ment and Position Data	(including Federal indirect cos	sts)			
Total Federal	Funds Applied For	\$108,700				
Numeric				New Pos	sitions	Existing Positions
Appropriation	Source	Revenue Type Ar	mount	No. (FTE)	Type 1	No. (FTE) Type
241	Federal		08,700	2	PROJ	
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
15 Indirect Cost F	Reimbursement					
Yes R	ate	Base		mount		X No
16 Authorizations		Authorized Agency Repres	sentative (Type	or Print)	Title if other tha	an Agency Secretary
		Richard W. Lorang			Deputy Secre	etary
Del	egated Review	Signature (			Date	
		Leclais C	provolg		530-	アフ
2.04克克·米克·维尔斯克	AND PERMIT	DEPARTMENT OF AD		ON USE O	NEY NE YEAR	
Reviewing Analys		Dion Skaptione	7-02		Al Number /	11900628-10
Recommendation	n: Approv		onditions		ate Received	6-23-90
Signature		— — — — — — — — — — — — — — — — — — —	ate $7//6$	' / _ <sup>1</sup> 7	ate Due	2-2-01
COMMENTS	7 - Jakolo	7				

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

July 22, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Health Care Financing Research, Demonstrations and Evaluations (Health Insurance Information, Counseling and Assistance), State Application Identifier Number WI970627-181-N93779XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely

Form DOA-7020 (R 5- (Formerly FDA 50)	elistration 88)	Den	10S:	+ · 20	Eval	uation	Federal-State Relations O 101 S. Webster St., 6th Flo P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125	ffice or
Malt	n are	Financ	ing		250arc	1/4 ) - 1-	1 elephone 608/267-2125	•
1 Applicant Agenc	<b>y</b>	Family Service	/	ک	4 <u>9 3</u> •		Agency t.D. (Optional)	
4 Address (Street/					****	Receive Reques	t nagada i maga atau na nagada sanggan Basas L	
P.O. Box	7850						ancing Admin.	
Madison,	WI. 53707			6 Perio	d of Funding	Mo/Day/Year 7		
Contact Person		(608)				01/97	Mo/Day/Year	
Glenn Silv		Phone 267-3	201			/30/98	06/30/97	
8 Agency Project			1 d	S Exect	itive Order 12	372 Review Requ	ired 10 Area of Impact	
and Assis		rmation, Coun	seling	1 ) 1	Yes	X No	Counties/States	
11 Type of Applicat		12 Type of Assistance					Statewide	
New Gran	<b>}</b>	Grant		Clearing	houses: Notif	ed Pates	2	
1 (	ent to Current Grant	Formula	•	(	Vo t	-ea E	$O \mid$	
1	ion-Unchanged	X Discretionary						
1 ~	ion-Modified	Other		l				
	s Previously Funded_			İ	AII		***************************************	
<u> </u>	·	(including Federal indi	ect costs)			***************************************		_
Total Federal Fu	ands Applied For	\$187,925						
Numeric	• •		_			Positions	Existing Positions	NAME AND ADDRESS OF THE PERSON ADDRESS OF
Appropriation	Source	Revenue Type	1	ount	No. (FTE)	Туре	No. (FTE) Type	
758	PRF	FED	<b>\$</b> 180	<b>,</b> 925				
658	PRF	_	\$ 7	,000				
			\$					[
-			s	······································				
			-					
			3				**************************************	
			\$					
***************************************			\$					
<u> </u>			\$					
15 Indirect Cost Re	imbursement		1		1			
Yes	Rate	Base		_ Amoui			X No	İ
16 Authorizations	nale	Authorized Agency				Trate 24 - 45 - 45		
Addionzations		Richard Lo				ì	an Agency Secretary Secretary	
		Signature	STAILE STAILE	```		Date	secretary	
L. Deleg	ated Review	1755. Da	$\mathcal{I}Z$	nous	no	6.2	5・7フ・・・・	
		FOR DEPARTMENT	OF ADI	MINISTR	ATON USE			
	100				Ø00 a		T-00-1-	1011
Reviewing Analy	yst Jest	Geisler	Phone _	7-1/		SAI Number	11-90027-	4171
Recommendation	n: Approva	Approve With	Conditio	ns 🗆	Deny	Date Receive	16-27-97	7.
1	1hm 6 91	u. k		10/	97		(0-RA-91)	$ n_{\ell}$
Signature /		us	Date _/	<del>/                                    </del>		Date Due		_   '
COMMENTS://	1//		/	,				
1 10'	0				*			^
								}
						•		
			-			•		ŀ
						* *		and the second
*								
Comments	Continued on Reve	rse or on a Separate	Sheet					****

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

June 24, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Birth to Three Program, State Application Identifier Number WI970623-171-N00000XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Mark D. Bugher

 Department of Administration OOA-7020(R12/92) Federal-State Relations Office 101 E. Wilson Street, 8th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 808/267-2125

1 Applicant Agenc Department		and Family Serv	ices	2 CEDA	#•		3 49	meyta (o	otioned)	
4 Address (Street/					al Agency to F	eceive Requ	est			
	f Supportive	Living			artment			•		
P.O. Box 7	851, Madison	ı, WI 53707		6 Period	of Funding A	Ao/Day/Year	7 Ap	plication D	ue Date	
Contact Person						01/97	<u> </u>	Mo/Day/		
Beth Wrobl	<del></del>	Phone 608) 2	67-327	0	9/	30/98		6/15/	97	
8 Agency Project 1	itle			9 Execu	tive Order 123	72 Review Re	quired			1
Birth to 3	Program				] Yes ←	No	<u>ا</u> ر	Count	es/States	
11 Type of Applicati	ion	12 Type of Assistance		Clearing	nouses: Notifie	ed Dates				
New Grant	<u> </u>	Grant						<del> </del>		
Amendme	nt to Current Grant	Formula			•••••••••••••••••••••••••••••••••••••••				· · · · · · · · · · · · · · · · · · ·	
Continuati	on-Unchanged	X Discretionary							<del></del>	
X Continuati	on-Modified	Other								
<del></del>	Previously Funded.				AII					
14 Funding, Allotme	ent and Position Data	a (including Federal indir	ect costs)							1
Total Federal Fu	nds Applied For	\$5,553,755								
Numeric	<b>6</b>					ositions	4	Existing	Positions	
Appropriation	Source	<b>Revenue Type</b>		ount	No. (FTE)	Type	N	lo. (FTE)	Туре	-
641/749	Federal	PRF	\$5,5	53,755		-	_   _	3.5	Perm.	
·			\$							
			\$		***************************************		_   _	************************	***************************************	
			\$			-	-   -			1
·							-   -			]
			\$				_			
			\$							
,			\$							
			\$				_	***************************************	<del></del>	-
			<u> </u>							
15 Indirect Cost Re	imbursement									
	Rate	Base		_ Amoun	t			∐ No		]
16 Authorizations		Authorized Agency			oe or Print)	Title if other	than Aç	ency Secre	itary	
		Richard	W. Lo	rang		Deputy	y Sec	retary		]
☐ Deleg	ated Review	Signature (	16			Date	_			1
<u></u>		Moder	~~	arond		6-10-				]
		FOR DEPARTMENT	OF ADA	AINISTR)	TION USE	ONLY	***		C. C. C. C. C. C. C. C. C. C. C. C. C. C	<b>.</b> .
Reviewing Analy	si Gretale	n Fossan	Phone _	6-2	7788	SAI Number	WI	9700	23-17	Y-/
Recommendation	n: Approve			7	Deny	Date Receiv	ved	<u>6-2</u>	3 -97	0
Signature mul	chen H- to	assum	Date	<u>/23/97</u>		Date Due _		<u> </u>	-91)	00
COMMENTS:										IX

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

August 26, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Occupational Safety and Health Research Grants (Wisconsin SENSOR-Experimentation Program), State Application Identifier Number WI970808-219-N93262XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Mark D. Bugher Secretary

01-831-01

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM Federal-State Relations Office Department of Administration 101 S. Webster St., 6th Floor Form DOA-7020 (R 5-88) P.O. Box 7868 (Formerly FDA 50) Madison, WI 53707-7868 Telephone 608/267-2125 9 3 . 2 6 2 CFDA# Dept. of Health and Family Services Federal Agency to Receive Request Address (Street/City/State/Zip) 4 DHHS-/CDC/NIOSH 1 West Wilson, P. O. Box 7050 Application Due Date Period of Funding Mo/Day/Year Madison, WI 53701 Mo/Day/Year 10/1/97 Contact Person 8/5/97 9/30/98 Phone \_\_ 266-8579 Terry Moen Area of Impact Executive Order 12372 Review Required Agency Project Title Counties/States Wisconsin SENSOR - Experimentation Program NoXX Yes Statewide Clearinghouses: Notified Dates Type of Assistance Type of Application WI (all) Grant X New Grant Formula Amendment to Current Grant Discretionary Continuation-Unchanged Other Continuation-Modified Coop. Ail Number of Years Previously Funded 10 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$201,211 **Existing Positions New Positions** Numeric No. (FTE) Type Type Amount No. (FTE) Revenue Type Appropriation Source Perm 0.7 0.85 NEW PRF \$201,211 Federal 149 EXISTIN VACANC (.545 FROM Indirect Cost Reimbursement Amount \$12,824 No \$90,308 Rate 14.2% Yes Title if other than Agency Secretary Authorized Agency Representative (Type or Print) Authorizations **Deputy Secretary** Richard W. Lorang Date **Delegated Review** 8.5.87 SAI Number WI Phone Reviewing Analyst Date Received Approve With Conditions Deny Recommendation: Date Due Date

Signature COMMENTS:

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

August 26, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Occupational Safety and Health Research Grants (Wisconsin SENSOR-Field Study), State Application Identifier Number WI970808-220-N93262XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Form DOA-7020 (R 5 (Formerly FDA 50)	pational	Safety	+ Hea	Ór. 14h	ants Res,	101 S. Webster S P.O. Box 7868 Madison, WI 537 Telephone 608/2	07-7888
1 Appliicant Ager	-	/	2				
	th and Family Service t/City/State/Zip)	S	CFDA #		262		
· ·	- ''			I Agency to Re	eceive Reque	st	
1	n, P. O. Box 7050	•		-/CDC/NIOSH			
Madison, WI			6 Period	of Funding Mo	o/Day/Year	7 Application D	Due Date
Contact Persor	1			10/1/97		Mo/Day/\	ear ear
Terry Moen		Phone 266-8579		9/30/98		8/5/97	7
8 Agency Project			<sub>9</sub> Execut	tive Order 123	72 Review Re	quired 1 Are	a of Impact
Wisconsin SE	ENSOR - Field Study	)				Cou	inties/States
				s	NoXX		
11 Type of Applica		12 Type of Assistance	Clearinghou	ises: Notified	Dates	Statewi	de
X New Gran		Grant		110	C. 11	—→ WI (all)	
i	ent to Current Grant	Formula	1/	100	rua e	=0	
1	ion-Unchanged	Discretionary					
L	ion-Modified	Other Coop.					
£	rs Previously Funded	10		All			
14 Funding, Allotn	nent and Position Data (i	ncluding Federal indirect c	osts)				
Numeric Appropriation	Y	, , , , , , , , , , , , , , , , , , ,	Amount	New P No. (FTE)	ositions Type	Existing P No. (FTE)	ositions Type
149	<u>Federal</u> .	PRF \$	196,072	1.45	NEW		Perm
		\$		(.545	FROM	EXISTIN	VACANC
		\$					
		\$				_	
		\$					
		\$					
		\$		l			
		\$					
<b></b>	teimbursement						
	ate 14.2%	Base \$90,87	-		2,904	□ No	
18 Authorizations		Authorized Agency Repr	esentative (Type	e or Print)	Title if other	er than Agency Se	cretary
		Richard W. Lorang			Deputy S	ecretary	
X Dele	egated Review	Signature.	$\omega$		Date		
		delast	5 Dava		8.5	ことフ	
		<b>HERMANNEN</b> EOFA	DMINISTRA	116 (10 <b>.5</b>		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	en remen et e e e e e e e e e e e e e e e e e
Reviewing Analys	it Live M	ablonskappope	7-90	540	SAI Number	WE90	0808-8
Recommendation	: (2) Approve	Approve/With C	onditions [	Dený	Date Receiv	ed -	7-90
Signature	5. C. W.	26	Date 8/	11/97	Date Due	8-22	-07
COMMENTS	- v · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	<del></del>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del>-   '   -     '</del>

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 11 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Clinical Lab Improvement Amendments State Application Identifier Number WI970909-250-N00000XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely

Mark D. Bugher

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868

Telephone 608/267-2125 Appliicant Agency Agency I.D. (Optional) 2 CFDA # DHFS-Divsion of Supportive Living-BQA 435 Address (Street/City/State/Zip) Federal Agency to Receive Request 1 W. Wilson Street Room 118 HCFA- Regin V - Chicago Period of Funding Mo/Day/Year Madison, WI 53702 Application Due Date Contact Person 10-1-97 8/18/97 Phone 266-7952 9-30-98 Otis L. Woods Agency Project Title Executive Order 12372 Review Required Area of Impact CLIA Laboratory Certification Statewide Yes П Type of Application Type of Assistance Clearinghouses: Notified **New Grant** Grant Amendment to Current Grant Formula Continuation-Unchanged Discretionary Continuation-Modified Other Contract Number of Years Previously Funded 5 Years All Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$354,041 Numeric **New Positions** Existing Positions Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) Type PR Federal 354,041 642 0.191 5.00 Perm \$ (workld) \$ change \$ \$ \$ \$ 15 Indirect Cost Reimbursement X Yes Rate 5.1% \$218,107 Amount \$10,970 16 Authorizations Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Richard W. Lorang **Deputy Secretary** Signatura Date **Delegated Review** 8-14-27 FOR DEPARTMENT OF ADMINISTRATION USE ONLY System Phone Reviewing Analyst SAI Number ☐ Approve With Conditions Recommendation: Deny Date Received Signature Date Date Due COMMENTS: Comments Continued on Reverse or on a Separate Sheet

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 11 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Centers for Disease Control and Prevention-Investigations and Technical Assistance (Population-Based Surveillance of Fetal Alcohol Syndrome), State Application Identifier Number WI970826-228-N93283XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency

with your application.

MISCONSII	( PEDENAL GIVA	1	4 . 1	Fe	deral-State Relations Office	
m DOA-7020 (R 5-88) Luces	tigations i	+ Tech	422A.	107 - P.C	i S. Webster St., Mh Floor ), Box 7968 Meon. Wi S3707-7868	
merty FDA 50)	Jan	1 D		To	,	
oid = Disco	no Contra	/ 41 / ex	//			
enters to Visco	<i>xx</i> <del>2011 • 1</del>	2	JR.2	©3.		
Applicant Agency	v Convicas	CFDA			S-2-1-1	
Dept. of Health & Famil	y services	5 Federal	Agency to Recei	ve Request	•	
Address (Street/City/State/Zip)		H	-		·	
' p n Rox 7850		g Period	of Funding Mo/D	ay/Year 7	oplication Due Date	
Madison, WI 53707-7850	)	المارية المارية	9/30/97	1 1.45%	Mo/Day/Year	
Contact Person		,	9/29/	98   ` J	uly 22, 1997	
Mary Erikson	Phone 266-164	4 A Every	has Owler 12372 R	eview Required	1 10 Area of Impact	1
		9 Execut			Counties/States	
A Population-Based Surve	illance or		] Yes 🗵	No	Statewide	
Fetal Alcohol Syndrome	1			D-1	Statewide	
	2 Type of Assistance	Clearingh	ouses: Notified	Dates		
1 1 3 pa. 01 1 4 pa. 1 - 1	Grant	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	r WI	-60		
New Grant	Formula	<del>-/</del>	<u> </u>			
Amendment to Current Grant	X Discretionary					
Continuation-Unchanged	Other			***		
Continuation-Modified	N/A		All			ļ
3 Number of Years Previously Funded		t costs)		-		
Number of Years Previously Fundada  Funding, Allotment and Position Data	INCINGUAL LAGRES WALL					
Total Federal Funds Applied For \$7	05,144		New Pos	itions	Existing Positions	
Numeric	n Tuna	Amount	No. (FTE)	Туре	No. (FTE) Type	-
Appropriation Source	Revenue Type		.5	Proj.		
		\$	\	11001		
	-	\$				
		ς				
				-		
		5				1
		\$	,			
		•				
		*				
		2				1
		\$				
15 Indirect Cost Reimbursement		4.63	. ¢6 1/7		- □ No	
X Yes Rate 262	Base\$23.		ınt <u>\$6,147</u>			_
	Authorized Agency	Representative (	Type or Print)	Title it other ma	an Agency Secretary	í
16 Authorizations	Richard W.	Lorang		beputy .	Secretary Assistant	ᄺ
	Signature /		(4.0)	Date	22-97	
Delegated Review	Val	· XI from	1400	1 6	70	
	POR DEPARTMENT	OF A PARTY				
<i>k</i>	POR DEPARTMENT	UT PURITED!	0-0//		1+900826c	2Pc
VI.0	Indonal	1000 ) - (	1546	SAI Number 🚣	or hadio	ZYY
Reviewing Analyst	7	Thone			8-26-97	(
	Approve With	Conditions	Deny	Date Receive	000.00	- I _
Recommendation: Approve		~1	197	Date Due	7-1-11	-16
Signature Jacks	<u> </u>	Date 4/10/	<u> </u>			1
	$(T_{\alpha}, T_{\alpha})$	in the state of	_ 4	e com		
COMMENTS:						

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 9, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Grant to States for Access and Visitation Programs, State Application Identifier Number WI970826-227-N93597XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application

Sincerely

Mark D. E

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

, Appliicant Agency	1		2	~~ ~	$\sim$ $\sim$		
	and Family Service	es	CFDA #		71		
Address (Street/C				Agency to Rece		•	
	P. O. Box 7050		1 '	Health & Humar			
Madison, WI 5			6 Period (	of Funding Mo/D	ay/Year 7		
Contact Person				9/1/97		Mo/Day/Y	<ol> <li>(1) (2) (2) (4) (4) (4) (4) (4)</li> </ol>
Gail Propsom		Phone 267-2887		8/31/98			7 A 2 2 2
. Agency Project 7	itle		<sub>9</sub> Executi	ve Order 12372	Review Requ	السلا	of Impact
Grant to State	for Access & Visita	ition Programs				Cou	nties/States
ţ		·····	Yes		No	1	
11 Type of Applicat	on	12 Type of Assistar		ses: Notified	Dates	All coun	ities
X New Grant		Grant		No Fe	I EA		
	t to Current Grant	x Formula		tho 1 %			
Continuatio	n-Unchanged	Discretion	ary				
Continuation	n-Modified	Other					
Number of Year	s Previously Funded	0		All	·		
14 Funding, Allotme	ent and Position Data	a (including Federal indire	ct costs)		-		
	ands Applied For	\$191,285		_			
Numeric		***************************************		New Po		Existing P	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Туре	No. (FTE)	Туре
341	Federal	PR/F \$	191,285	0			
		\$					
		\$					
		\$					
		\$	-		<del></del>		
		\$					
		\$					
		\$		1		<u> </u>	
15 Indirect Cost R	eimbursement					sz Ma	
1	ate	Base		Amount	T	X No	acratani
16 Authorizations		Authorized Agency	Representative (Type	oe or Print)	ł	er than Agency S	ecicialy
		Richard W. Lorar	ıg		Deputy S	ecretary	
│ □ Dele	egated Review	Signature (C	76	_	Date	~	
,		Viewa	Myone	4	8.14	. 7	**************************************
	37.52	OF A DEPAYRAMMENTAL	of acadinations	त्या (भारा ५छिन्।	3/11/6		50/ A-
Reviewing Analys		en Fossumpt	ione $(o-o$	137-88 3	sai Number	WI970	Yallo-de
Recommendation		rove   Approve V	Vith Conditions,	1	Date Receiv	red 8-34	6-9/1
Cimatura	111 1	1	Date 9/2	.T97	Date Due	9-9	(9')

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 9, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Domestic Abuse/Family Violence State Application Identifier Number WI970718-207-N00000XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

with your application.

Mark D. Bugher

#### Department of Administration COA-7020(R12/92)

COMMENTS:

Federal-State Relations Office 101 E. Wilson Street, 5th Floor P.O. Box 7968 Madison, WI 53707-7868 Telephone 608/287-2125

Agency LO: (Optione) 1 Applicant Agency WI Dept. of Health and Family Services CFDA#4 5 Federal Agency to Receive Request 4 Address (Street/City/State/Zip) Div. of Children and Family Services Application Due Date Period of Funding Mo/Day/Year 7 1 W. Wilson, PO Box 8916, Madison, WI Mo/Day/Year 10/1/96 53708-8916 7/15/97 9/30/97 Contact Person Phone608-266-9354 10 Area of Impact 9 Executive Order 12372 Review Required Claude Gilmore Counties/States 8 | Agency Project Title Domestic Abuse/Family Violence Statewide Clearinghouses: Notified 12 Type of Assistance 11 Type of Application Grant New Grant X Formula Amendment to Current Grant Discretionary Continuation-Unchanged All ✓ Continuation-Modified 13 Number of Years Previously Funded 14 Funding, Allotment and Position Data (including Federal indirect costs) \$907,635 Existing Positions New Positions No. (FTE) Type Total Federal Funds Applied For No. (FTE) Type Amount Numeric Revenue Type FIE . 575 Source Appropriation <del>42,761</del> PR-F Federal 342 \$ 864,874 PR-F Federal 340 \$ 15 Indirect Cost Reimbursement Amount \$1,291 Title if other than Agency Secretary Rate 5.1% Authorized Agency Representative (Type or Print) Y Yes 16 Authorizations Dagety Secretary 7-10-87 Delegated Review FOR DEPARTMENT OF ADMINISTR SAI Number Reviewing Analyst Date Received . Approve With Conditions Recommendation: Approve Date Due Signature

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 23, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Disabilities Prevention (Wisconsin Health Program for People with Disabilities), State Application Identifier Number WI970508-114-N93184XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincaral

Mark D. Bugher Secretary

Department of Admir Form DOA-7020 (R 5 (Formerty FDA 50)	-88)	<b>1</b>	_1	Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868
ブ()	a Dilite	8 Dreven	Mon	Telephone 608/267-2125
, Appliicant Agen	су		2	Agency I:D (Optional)
Dept. of Healt	th and Family Service	es l	CFDA# 9 3 . 1 8	4
Address (Street	/City/State/Zip)	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	5 Federal Agency to Receive Re	equest
1 West Wilson	n, P. O. Box 7851		DHHS-/CDC	
Madison, WI			Period of Funding Mo/Day/Yea	ar 7 Application Due Date
Contact Person	: Content- Lawrenc	e Hanrahan 267-7173	7/1/97	Mo/Day/Year
Budget - Morg	an Groves	Phone 267-3659	6/30/2001	5/01/97
Agency Project			Executive Order 12372 Review	w Required 1 Area of Impact
L	ealth Program for Peo	ple with Disabilities		Counties/States
			☐ Yes No	xx
,, Type of Applica	ition	12 Type of Assistance	Clearinghouses: Notified Date	s All counties
X New Gran		Grant		WI (all)
• •	ent to Current Grant	Formula	$I \cap M \cap W \cup I$	
Continuati	on-Unchanged	X Discretionary		
Continuati	on-Modified	Other		
13 Number of Yea	rs Previously Funded	none		
'*		(including Federal indirect co	sts)	
<u></u>	unds Applied For	\$350,000	,	į
Numeric			New Positions	Existing Positions
Appropriation	Source	Revenue Type A	mount No. (FTE) Typ	- 1
641	Federal 1	PRF \$	, , , , , , , , , , , , , , , , , , , ,	oj. 0
<u> </u>				
		s -		
		s -		
		\$		
		\$		
Indirect Cost P	l Reimbursement	J. W.		
		Base \$41.60	0 Amount \$2,121	□ No I
	ate 5.1%	Base \$41,60 Authorized Agency Repre	<del>• • • • • • • • • • • • • • • • • • • </del>	if other than Agency Secretary
16 Authorizations			7	• • • • • •
		Richard W. Lorang	/ Dept	uty Secretary
		Signature	( 1	C-1-97
aw Madri o Ominishin a coma a sagar		$\perp$ $\sim$ $\sim$ $\sim$ $\sim$		
_	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th		DMINISTRATION USE ONLY	
Reviewing Analys		20 4h se Phone	7-954 SAI Nur	
Recommendation	Approx	(e Approve With C		
Signature (	Sitchma - 4	- Lauren I	Date タス3/97 Date Di	ue 5-22-90

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 23, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Maternal and Child Health Federal Consolidated Programs (Intergenerational Circles of Caring), State Application Identifier Number WI970917-260-N93110YY

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely

Mark D. Bugher

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM Department of Administration Federal-State Relations Office Form DOA-7020 (R 5-88) 101 S. Webster St., 6th Floor (Formerly FDA 50) P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125 Applicant Agency Aggrey H2 (Quinori) Dept. of Health and Family Services CFDA# 3 Address (Street/City/State/Zip) Federal Agency to Receive Request 1 W. Wilson Street, Room 465, P. O. Box 8916 Madison, WI 53708-8916 Period of Funding Mo/Day/Year Application Due Date Contact Person 10/1/97 Mo/Day/Year Jennifer Sedbrook 608 266-2464 9/30/98 8/26/97 Agency Project Title Executive Order 12372 Review Required Area of Impact Intergenerational Circles of Caring Counties/States Yes No X Type of Application Type of Assistance Clearinghouses: Notified Dates Lac du Flambeau **New Grant** Grant Tribe-Vilas Co Amendment to Current Grant Formula Continuation-Unchanged Discretionary X Continuation-Modified Other Number of Years Previously Funded All Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$200,000 Numeric **New Positions Existing Positions** Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) Type Federal 341 25,000 O 0 0 346 Federal \$ 175,000 \$ Indirect Cost Reimbursement Yes Rate No Authorizations Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Richard W Lorang **Deputy Secretary Delegated Review** Signatu Date 8.26.27 DEPARTMENT OF ADMINISTRAT Reviewing Analyst Phone

Approve With Conditions

Date

Deny

Date Received

Date Due

Approve

Recommendation:

Signature

COMMENTS:

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address:
Post Office Box 7868
Madison, WI 53707-7868

September 23, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Research and Evaluation Cycle FY98, State Application Identifier Number WI970520-132-N00000ZZ

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely

Mark D Bugher

Department of Administration DOA-7020(R12/92)

Federal-State Relations Office 161 E. Wilson Street, 6th Floor P.O. Sex 7666 Madison, WI 53767-7668 Telephone 606/267-2125

1 Applicant Agency	2
Dept. Health & Family Services	CFDA # •
4 Address (Street/City/State/Zip)	5 Federal Agency to Receive Request
1 W Wilson P.O. Box 7850	Indian Health Service
Madison WI 53707	6 Period of Funding Mo/Day/Year 7 Application Due Date No/Day/Year
Contact Person	1 11/4/-
Pam Imm Phone 6-8001	9/30/99 5/19/97
8 Agency Project Title	9 Executive Order 12372 Review Required 10 Area of impact Countles/States
Research and Evaluation Cycle FY98	Yes ( No )
· · · · · · · · · · · · · · · · · · ·	Wisconsin's
11 Type of Application 12 Type of Assistance	Clearinghouses: Notified Dates eleven reser-
New Grant Grant	No CFRA vations
Amendment to Current Grant Formula	
Continuation-Unchanged	
Continuation-Modified Other	All
13 Number of Years Previously Funded	
14 Funding, Allotment and Position Data (including Federal indirect costs	
Total Federal Funds Applied For \$127,600	
Numeric . Appropriation Source Revenue Type An	New Positions Existing Positions nount No. (FTE) Type No. (FTE) Type
6H FED PR-F \$127	.600 No positions requested
<u> </u>	
\$	
15 Indirect Cost Reimbursement	
Yes Rate Base	Amount No
16 Authorizations Authorized Agency Represe	entative (Type or Print) Title if other than Agency Secretary
Richard Lorang	Deputy Secretary
Delegated Review Signature	Date Date
Delegated neview Sees	5/17/97
CANADA AND AND AND AND AND AND AND AND AN	
	Additional to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
Reviewing Analyst Intichen to SSUM Phone	6-288 SAI Number WI 970520-1321
Recommendation: Approve  Approve With Conditi	ons Deny Date Received 5-2 d-97 00
Signature within H. Fursian Date	9/22/97 Date Due 6-3-97 00

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 23, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Community Mental Health Services Block Grant FFY98, State Application Identifier Number WI970917-261-N93958XX

### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.)

Sincerely

Mark D. Bugher

Department of Administration Form DOA-7020 (R 5-88) Formerly FDA 50) Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Appliicant Age	ncy		2 00 0		ency I.D. (Optional)
Dept. of Heal	th and Family Service	<b>?</b> \$	CFDA # 7 5 ./	SS Mi	
4 Address (Stree	t/City/State/Zip)	· · · · · · · · · · · · · · · · · · ·	5 Federal Agency to Red	eive Request	
P.O. Box 785	51		Center for Mental Heal	Ith Services	
Madison WI	53707-7851		6 Period of Funding Mo/	Day/Year 7 A	pplication Due Date
Contact Perso	n	25 Dhana 207 2000	10/1/97		
Chris Hendri	کا ہے۔ ckson	Phone 267-9282	9/30/98	***************************************	9/2/97
8 Agency Project	t Title		9 Executive Order 12372	2 Review Required	1 Area of Impact
Community N	Mental Health Block G	rant Application FF492	☐ Yes X	No	Counties/States
11 Type of Applic	ation	12 Type of Assistance	Clearinghouses: Notified	Dates	Statewide
☐ New Grai		Grant	h . ~	$\mathcal{L}$	
	ent to Current Grant	X Formula		199	
	tion-Unchanged	Discretionary		FEO	
X Continua	tion-Modified	Other		E-0-	
13 Number of Ye	ars Previously Funded		All		
14 Funding, Alloti	ment and Position Data	including Federal indirect cos	sts)		
Total Federal	Funds Applied For	\$5,064,554			
Numeric			New Po	sitions	Existing Positions
Appropriation	Source	Revenue Type Ar	mount No. (FTE)		. (FTE) Type
		\$			
69 <b>1</b>	FED	PR-F \$	<u>213,154</u>		4 PERM
746	FED	PR-F \$	1,330,500	***************************************	
795	FED	PR-F \$	2,513,400		
796	FED	PR-F \$	1,007,500		
		\$	***************************************		
		\$			
		\$			
15 Indirect Cost I	Reimbursement	<u>L</u>			
	tate 5%	Base	Amount	ſ	No No
16 Authorizations		Authorized Agency Repres	sentative (Type or Print)	Title if other than	Agency Secretary
		Richard W. Lorang		Deputy Secreta	ry
X Del	egated Review	Signature (		Date 5.7	
	•	Level	Jonany	9-2-27	
	_ FOR	DEPARTMENT OF AL	MINISTRATION USE	UNLY .	
Reviewing Analy		~ FossumPhone		SAI Number //)	1910917-2
Recommendatio				مرکش) Date Received	a 19-90
Signature	( + # 1		m   "   '	Date Due	14195
COMMENTS:	mugun H.	- January	12711		14-1-1
( COMMENTS./	/				C)

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address:
Post Office Box 7868
Madison, WI 53707-7868

September 23, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Special Supplemental Nutrition Program for Women, Infants and Children, State Application Identifier Number WI970828-244-N10557XX

### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely.

Mark D. Bugher Secretary

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868

			Ti	elephone 608/267-2125
Applicant Agency		2		
Dept. of Health and Family Se	rvices	CFDA 1 0 .	5 5 7	
Address (Street/City/State/Zip)		5 Federal Agency to	•	
1414 E. Washington Ave., Roo	m 167		nd Consumer Se	
Madison, WI 53703		6 Period of Funding	7	Application Due Date
Contact Person	<b></b>	Mo/Day/Yeaf 0/01		Mo/Day/Year
Patti Herrick	Phone 266-3821	09/30		08/15/97
Agency Project Title	r		2372 Review Require	<u> </u>
WIC-The Special Supplementa	I Nutrition Program T	1		Counties/States
Women Infants and Children	**************************************	Yes	No No	
Type of Application	12 Type of Assistance	Clearinghouses: Notifie	d Dates	Statewide
New Grant	Grant	1 4	, TE	71-
Amendment to Current Grant	Formula		$\omega_{L-c}$	<u> </u>
Continuation-Unchanged	X Discretionary			
X Continuation-Modified	Other			
Number of Years Previously Funded	23	All		
Funding, Allotment and Position Data (i	ncluding Federal indirect cost	s)		
Total Federal Funds Applied For	<b>\$</b> 55,824,555			
Numeric		New	Positions	<b>Existing Positions</b>
	Revenue Type Am	New lount No. (FTE)		Existing Positions No. (FTE) Type
	PR-F \$ 55			-
Appropriation Source		nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source	PR-F \$ 55	nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source	PR-F \$ 55	nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source	PR-F \$ 55	nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source	PR-F \$ 55	nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source	PR-F \$ 55	nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source	PR-F \$ 55	nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source  148 federal	PR-F \$ 55	nount No. (FTE)	Туре	No. (FTE) Type
Appropriation Source  148 federal	PR-F \$ 55	nount No. (FTE) 5,824,555 2.0	Туре	No. (FTE) Type
Appropriation Source  148 federal  15 Indirect Cost Reimbursement	PR-F \$ 55	nount No. (FTE) 5,824,555 2.0	Type Perm	No. (FTE) Type  16.98 Perm
Appropriation Source  148 federal  15 Indirect Cost Reimbursement  X Yes Rate 14.2/15.1	PR-F \$ 55  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nount No. (FTE) 5,824,555 2.0	Type Perm Title if other tha	No. (FTE) Type  16.98 Perm  No  No  n Agency Secretary
Appropriation Source  148 federal  15 Indirect Cost Reimbursement  X Yes Rate 14.2/15.1	PR-F \$ 55  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nount No. (FTE) 5,824,555 2.0	Type Perm Title if other tha Deputy Sec	No. (FTE) Type  16.98 Perm  No. (FTE) Type  16.98 Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  No. (FTE) Type  Perm  No. (FTE) Type
Appropriation Source  148 federal  15 Indirect Cost Reimbursement  X Yes Rate 14.2/15.1  Authorizations	PR-F \$ 55  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nount No. (FTE) 5,824,555 2.0	Type Perm Title if other tha Deputy Seci	No. (FTE) Type  16.98 Perm  No. (FTE) Type  16.98 Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  No. (FTE) Type  Perm  No. (FTE) Type
Appropriation Source  148 federal  15 Indirect Cost Reimbursement  X Yes Rate 14.2/15.1  Authorizations  X Delegated Review	PR-F \$ 55  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	No. (FTE) 6,824,555 2.0  00 \$101,000 Sentative (Type or Print)	Type  Perm  Title if other tha  Deputy Secionate  Secionate	No. (FTE) Type  16.98 Perm  No. (FTE) Type  16.98 Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  No. (FTE) Type  Perm  No. (FTE) Type
Appropriation Source  148 federal  15 Indirect Cost Reimbursement  X Yes Rate 14.2/15.1  Authorizations  X Delegated Review	PR-F \$ 55  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	No. (FTE) 6,824,555 2.0  00 \$101,000 Sentative (Type or Print)	Title if other that  Deputy Sectors  Sectors  Date	No. (FTE) Type  16.98 Perm  No n Agency Secretary retary
Appropriation Source  148 federal  15 Indirect Cost Reimbursement  X Yes Rate 14.2/15.1  Authorizations  X Delegated Review	PR-F \$ 55  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	00 \$101,000 sentative (Type or Print)	Type  Perm  Title if other tha  Deputy Secionate  Secionate	No. (FTE) Type  16.98 Perm  No. (FTE) Type  16.98 Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  Perm  No. (FTE) Type  No. (FTE) Type  Perm  No. (FTE) Type

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 23, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Rehabilitation Long-Term Training (BSD Travel Trainers), State Application Identifier Number WI970107-005-N84129XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Mark D. Bugher

Secretary

Sincerely

.nent of Administration .n DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Applicant Agency			2		اسسب	Agency I.D. (Option	onal)
DHFS, Bur	eau for Sen	sory Disabi	liites CFD/	#84-1	<u> 29 (2</u>		
4 Address (Street)	Sity/State/Zip)		٠, ۵, ۵, ۱, ۵, ۵, ۱, ۵, ۵, ۱, ۵, ۱, ۵, ۱, ۵, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱,	arrigono, to the			1
2917 Inte	rnational L Wi 53702	ane po p	30Y 78932	Dept.	of Educ	ation Due	Date
Madison Contact Person	Wi 53702	, 2.0. 1	NOT , EST SELIO			Mo/Day/Ye	ar
		Phone 243-56	527	6-1-9	- [		
Joan Sanz 8 Agengy Project T	en itle / /	Long - 7		itive Order 1237	2 Review Requi	red for Area of in	n pact
Keha	bilitation			·····	-	Counties	s/States
BSD Trave	l Trainers	Traini	ng	l Yes	No No	G44.	مقند
Type of Applicati	ion 12	Type of Assistance	Clearing	houses: Notifie	d Dates	State	WIGE_
New Grant		Grant	$\sim$ 1 $\Lambda$	1 1	TEC	7	
Amendme	nt to Current Grant	Formula	\ <del>/-\/</del>	0		<del>-  </del>	
Continuati	ion-Unchanged	Discretionary					
	ion-Modified	Other		AII			
	s Previously Funded		ract conta)			L	
	ent and Position Data (i		rect costs)				
	ınds Applied For \$89	,060		 New P	ositions	Existing P	ositions
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Туре	No. (FTE)	Туре
			s	l	N/A		_N/A
<del>-641</del>	Pederal	TR-S	89,060	<del></del>			
			\$				
			\$				
			\$				<u> </u>
			\$				
			\$				
			\$				
15 Indirect Cost R	eimbursement					y⊠ No .	
☐ Yes	Rate	Base	Amoi				
16 Authorizations		t .	y Representative (	(ype or Print)	1	han Agency Secre	1
			W. Lorang		Deputy	Secretai	- Y
☐ Dele	gated Review	Signature	Down		1	18-76	
	- Washington and State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S	OR DEPARTMEN		PATION HEE	1	, , , ,	<i>co</i> k
	F	OH DEPARTMEN	I OC ADMINIST	1		INT 971	1411-1814
Reviewing Ana	Ivst 6 retch	en tossu	Uphone 6	<u>3-3-88</u>	SAI Number.	W110	107-38
1	•			7	Date Receive		47
Recommendati	on: Approve/		n Conditions, L	_ Deny احہ	Date neceive	. ~ ~	1-9M
Signatura	Them H- He	isiu	Date 9/27/	47	Date Due	1 2	

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 23, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Children's Mental Health Services (Northwoods Alliance for Children and Families), State Application Identifier Number WI970508-110-N93104XX

### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Mark B. Bugher Secretary

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868

Madison, Wi 63707-7868

A C A				[ elephon	e 608/267-2125
1 Applicant Agen	cy h and Family Service:	•	CFDA# 9 3 1	200000000000000000000000000000000000000	
4 Address (Street	<del>-</del> <del>-</del>	3		0 4	
	n, P. O. Box 7850		5 Federal Agency to Recei	ve request	
Madison, WI			Period of Funding Mo/Da	Wear I I Annie	cation Due Date
Contact Person			10/01/97	· · · ·	fo/Day/Year
Eleanor McLe	ean	Phone 266-6838	9/30/98		4/11/97
a Agency Project	Title		Executive Order 12372 F	Review Required 1	
	ntal Health Services	Program ~			Countles/States
	Alliance for Children a		│ ☐ Yes	No	Oodi lacar Otalica
11 Type of Applica	tion	12 Type of Assistance	Clearinghouses: Notified	Dates	statewide
X New Gran	t	Grant	-		
Amendme	nt to Current Grant	Formula	ho	WI ED-	
Continuati	on-Unchanged	x Discretionary			<u> </u>
Continuati	on-Modified	Other		-	
13 Number of Year	rs Previously Funded	0	All		
	•	cluding Federal indirect costs	5)		
Total Federal F	unds Applied For	\$930,064			
Numeric			New Pos	sitions Exis	sting Positions
Appropriation	Source		mount No. (FTE)	Type No. (F	TE) Type
641	Federal	PR-F \$	930,064		
		\$			
		<u> </u>			
		\$			
		\$			
		\$			
		<b>\$</b>	***************************************		
	<u> </u>	<b> \$</b>			
15 Indirect Cost R					
	ate	Base	Amount		No
16 Authorizations		Authorized Agency Repres	scritative (Type of Print)	Title if other than Age	ncy Secretary
	unived Datene	Richard W. Lorang		Deputy Secretary	
l Deir	egated Review	(1)	Somo	Date So-	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR
	EAD		<del></del> \	4-8-87	
Reviewing Analys	it Ineticle		DMINISTRATION USE O		200-2
Recommendation					17050 -110
Signature		-7- ··		ate Received	-x-y'
Joignatule	Xuleau H	- Laiseum [	Date 9/22/97 D	ate Due	-22-97

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 15, 1997

Joe Leean, Secretary Department of Health and Family Services PO Box 7850 Madison, WI 53707-7850

> Centers for Disease Control and Prevention Investigations and Technical Assistance (WI Assessment Partnership), State Application Identifier Number WI970826-229-N93283XX

#### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Mark D. Bugher

Department of Administration DOA-7020 (R S-6 Formerly FDA 50)	stration (8) Th	vest. +	Tech Control	, A55	d, ev. –	Federal-State Re 101 S. Webster St P.O. Box 7868 Madison, WI 537 Telephone 608/20	L, 6th Floor 07-7868
1   Applicant Agency			2	DA # 9 3 •	. [3	Agency LD. (Opti	onei)
	hington Ave.,	Rm 96	5 Fee	eral Agency to i ters for	Receive Request Disease Co	ontrol & Pre	evention
Madison, WI	53703-3044		6 Per	iod of Funding	Mo/Day/Year 7	Application Due	
Contact Person Henry A. Ar		Phone (608) 2		09/	30/97 30/98	8/11/97	
8 Agency Project T Wisconsin	<sup>ide</sup> Assessment Pa	rtnership	9 Exe	cutive Order 123	72 Review Requ	ired 10 Area of Ir Counties	npact s/States
				Yes	X No	C*-*	10
	<del> </del>	Type of Assistance Grant Formula Discretionary	Clear	nghouses: Notifi	Oates  WT	Statewi	
	on-Modified	Other					
	Previously Funded ent and Position Data (i			AII			
Total Federal Fu Numeric Appropriation	nds Applied For <b>\$2</b> 5 Source	Revenue Type	Amount	No. (FTE)	Positions Type	Existing P No. (FTE)	ositions Type
149	<u> Federal</u>	<u>PR - F</u>	\$255,000	סו			
				€ 37 °		. 1	
			-		Taring the	7.4.3	
			s				
			•				
			S	-	_	·   <del></del>	
			3	-			
			5				
		Varior Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communica	\$	-			
15 Indirect Cost Re	mbursement						
X Yes	Rate 14.2%	Base <u>\$72</u> ,	183 Amo	unt <u>\$10.25</u>	50	☐ No	
16 Authorizations		Authorized Agency	Representative	Type or Print)	Title if other th	nan Agency Secret	ary
<del>Managarana</del>		Richard W.	Lorang		Deputy	Secretary	
☐ Deleg	ated Review	Signature	aro Lan	No	B-1(-87	•	
	A 54	OR DEPARTMENT			ONLY		
Reviewing Analy	si Lue	ablore	Enboy 1	-954	SAI Number	V19700	<u>806-2</u> 6
Recommendatio		Approve With	12.1	Deny	Date Receive	0 2-26.	97
Signature 🚉 🚉	a ricidiona	ru	Date	197	Date Due		4./

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 15, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Health Program for Toxic Substances & Disease Registry (Consortium for Improving the Effectiveness of Fish Consumption Advisories for Mercury), State Application Identifier Number WI970828-248-N93161XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Mark D. Bugher

Dent of Mothers development F	n For Toxi	PPLICATION NOTICE FOR  Registry  Sabstance  CFDA # 9 3 . 1 6 1  Federal Agency to Receive Reg	P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125
LAddrose (Street/City/State/Zip)	1	US EPA	
201 E. Washington Ave., P. O. Box 7	7946	L Decied of Eugding Mo/Day/Year	7 Application Due Date
Madison, WI 53707-7946		8 Period of Punding Management 9/29/97	Mo/Day/Year
Contact Person		5/31/98	May 7, 1997
	Phone 6-6762	g Executive Order 12372 Review	
Claire Falk, MS		g Executive Order 12372 Noviem	Counties/States
Agency Project Title	iveness of	No.	
Consortium for Improving the Effect	ercury	Ties 🔼	l i
Fish Consumption Advisories for Mo	12 Type of Assistance	Clearinghouses: Notified Dates	-
Type of Application	Grant	1 ALS ATT	to statewide
New Grant	- Formula	100 act	<u> </u>
Amendment to Current Grain	Discretionary		
Continuation-Unchanged	Other		
Continuation-Modified		All	
Number of Years Previously Funded	0		
14 Funding, Allotment and Position Data	ecce 000	,	T V - Decitions
13 Number of Years Previously Funded  14 Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type	New Position Amount No. (FTE) Ty	s Existing Positions ype No. (FTE) Type 0
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type PRF \$	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type PRF \$	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type PRF \$ \$ \$ \$	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type PRF \$	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type PRF \$ \$ \$ \$	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type  PRF	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type  PRF	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source	Revenue Type  PRF	New Position Amount No. (FTE) Ty	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal	Revenue Type  PRF	New Position Amount No. (FTE) Ty 325,900 0	ype No. (FTE) Type
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	New Position Amount No. (FTE) Ty  325,900 0	ype No. (FTE) Type  0
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	New Position  Amount No. (FTE) Ty  325,900 0  Amount  Amount  Expresentative (Type or Print) Ti	ype No. (FTE) Type  0  No tie if other than Agency Secretary
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement Yes Rate	Revenue Type  PRF \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  Authorized Agency Re	New Position  Amount No. (FTE) Ty  325,900 0  Amount  Amount  Presentative (Type or Print) Ti	ype No. (FTE) Type  0  No tle if other than Agency Secretary eputy Secretary
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate  18 Authorizations	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  Base  Authorized Agency Re- Richard Lorang	New Position  Amount No. (FTE) Ty  325,900 0  Amount  Amount  Presentative (Type or Print) D  D	ype No. (FTE) Type  O  No tile if other than Agency Secretary eputy Secretary ate
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate  16 Authorizations  Delegated Review	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  Base  Authorized Agency Re Richard Lorang  Signature	New Position:  Amount No. (FTE) Ty  325,900 0  Amount  Presentative (Type or Print) Ti  D  D  D	ype No. (FTE) Type  O  No tile if other than Agency Secretary eputy Secretary ate 8-19-77
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate  16 Authorizations  Delegated Review	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  Base  Authorized Agency Re Richard Lorang  Signature	New Position:  Amount No. (FTE) Ty  325,900 0  Amount  Presentative (Type or Print) Ti  D  D  D	ype No. (FTE) Type  O  No tile if other than Agency Secretary eputy Secretary ate 8-19-77
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate  16 Authorizations  Delegated Review	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Base  Authorized Agency Revenue Type  Richard Lorang  Signature  OR DEPARTMENT OF	Amount No. (FTE) Ty  325,900 0  Amount  Amount  Presentative (Type or Print) D  ADMINISTRATION USE ONI	No tile if other than Agency Secretary eputy Secretary ate  8-19-97  Number UT-9108-8-
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate  18 Authorizations  Delegated Review  Reviewing Analyst	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount No. (FTE) Ty  325,900 0  Amount  Amount  Presentative (Type or Print) D  ADMINISTRATION USE ONI  RS See Jubiousky SAI	ype No. (FTE) Type  O  No tile if other than Agency Secretary eputy Secretary ate 8-19-77
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate  16 Authorizations  Delegated Review  Fig. Reviewing Analyst	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Base  Authorized Agency Re Richard Lorang  Signature  OR DEPARTMENT OF	Amount No. (FTE) Ty  325,900 0  Amount  Amount  Presentative (Type or Print) To  D  ADMINISTRATION USE ONI  B Sue Jubinale y  SAL  Conditions Deny Date	No tile if other than Agency Secretary eputy Secretary ate  8-19-97  Y  Number UT-9108-8-  e Received 8-8-97
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal  15 Indirect Cost Reimbursement  Yes Rate  18 Authorizations  Delegated Review  Reviewing Analyst	Revenue Type  PRF  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount No. (FTE) Ty  325,900 0  Amount   No tile if other than Agency Secretary eputy Secretary ate 8-19-77  Y Number (JT 970808- e Received 8 8 9 e Due 9711 97	
Total Federal Funds Applied For Numeric Appropriation Source  149 Federal	Revenue Type  PRF	New Position Amount No. (FTE) Ty	ype No. (FTE) Type 0

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

September 11 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Research, Treatment and Education Programs on Lyme Disease in US (Lyme Disease: Epidemiologic and Ecologic Research and Educational Efforts), State Application Identifier Number WI970808-221-N93942XX

### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely

Mark D. Bugher Secretary

Department of Administration Form DOA-7020 (R 8-88) Formerty FDA 50)  Lyh  Lyh  Lyh  Lyh  Lyh  Lyh  Lyh  Ly	re Diseas	ce in U.S. at in Program	101 S. V P.O. Be Madise	al-State Relations Webster St., 6th F ox 7868 on, WI \$3707-7868 ione 606/267-2128	
Applicant Agency  Dept. of Health and Family Service		CFDA# 9 3 . 9	4 2		
4 Address (Street/City/State/Zip)	<u> </u>	5 Federal Agency to Receiv			(c) (2)
1414 E. Washington Avenue		Centers for Disease Con			
Madison, WI 53703-3044		Period of Funding Mo/De		optication Due Date	-34
Contact Person		02/15/98		Mo/Day/Year	
Gerald Young	Phone 266-5819	02/14/99		8/1/97	100
a / Agency Project Title		g Executive Order 12372 F	Review Required	1 Area of Imp	ect 🏂
Lyme Disease: Epidemiologic and	ecologic research, and	\ <u></u>		Counties/S	zies 🖁
educational efforts	,	)   Y Y	No		
11 Type of Application	12 Type of Assistance	Clearinghouses: Notified	Dates	Statewide	
X New Grant	Grant		1 / >		
Amendment to Current Grant	Formula	Nota	a = 0		- 35
Continuation-Unchanged	Discretionary	1			20後
Continuation-Modified	Other Coop				
13 Number of Years Previously Funded	agreem	t All			W.
14 Funding, Allotment and Position Data (in	icluding Federal indirect cor	sta)			- 30
Numeric Appropriation Source  149 Federal	Revenue Type PRF \$	Amount No. (FTE)  262,536 0	Type No	Existing Position (FTE) Ty	/pe
	S				
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
15 Indirect Cost Reimbursement		Amount		× No	
Yes Rate	Base	Amount resentative (Type or Print)		X No	
	Base Authorized Agency Rep	Amount resentative (Type or Print)	Title if other than	Agency Secretary	
Yes Rate  16 Authorizations  Delegated Review	Base Authorized Agency Repr Richard W. Lorang Signatore	resentative (Type or Print)  2 Source	Title if other than Deputy Secreta Date 7-30-	Agency Secretary ary	
Yes Rate  16 Authorizations  Delegated Review	Base Authorized Agency Repl Richard W. Lorang Signature	resentative (Type or Print)  Lower  ADMINISTRATION (USE)	Title if other than Deputy Secreta Date 7-30-	Agency Secretary  Try  77	
Yes Rate  16 Authorizations  Delegated Review	Base Authorized Agency Repr Richard W. Lorang Signatore	resentative (Type or Print)  2 Source ADMINISTRATION 08 5 C	Title if other than Deputy Secreta Date 7-30- Nicon Al Number 44	Agency Secretary ary 77	
Yes Rate  18 Authorizations  Delegated Review  ####	Base Authorized Agency Repi Richard W. Lorang Signature	resentative (Type or Print)  2 Source ABMINISTRATION USES	Title if other than Deputy Secreta Date 7-30-	Agency Secretary  Try  77	
Yes Rate  16 Authorizations  Delegated Review  Reviewing Analyst	Base Authorized Agency Reparting Richard W. Lorang Signature Signature ADION: Phone	resentative (Type or Print)  Additions Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sense Sen	Title if other than Deputy Secreta Date 7-30- Nicon Al Number 44	Agency Secretary ary 77	

TOMMY G. THOMPSON GOVERNOR MARK D. BUGHER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

May 29, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Environmental Health Education Activities for Health Professionals and Communities (Build Capacity to Conduct Site-Specific Activities), State Application Identifier Number W1970520-134-N93200XX

### Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely.

Mark D. Bugher

DOA-7929 (F 8-48) erty FDA 50)  LO LO LO LO LO LO LO LO LO LO LO LO LO L	<u> </u>		CFDA*				Committee ( ) I to the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contracti
Address (Street/City/State/Zip)			C Federal /	gency to Rece			No.
1 West Wilson P. O. Box 309		especial l		Funding Mo/D			DIS DEG .
Madison, Wi 53701-0309				09/29/97			1997
Henry Nehis-Lowe	Phone 6	3479		09/28/98			read insect £
Agency Project The Agency Project The	A Private Charles	Market Sales	Executive States	Order 12372			Titles States
Program To Build Capacity to Co	nduct Site -Spe	CITIC ACUV.	. □ Yes	/x	3 No )	14	
Type of Application	t 12 Type of /	seistance :	Clearinghous	Contract to the second second	Dates	Siate	Wide wills
New Grant	Grant	4412					STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE
Amendment to Current Grant		mus (		يا 0			
Continuation-Unchanged	X Di Other	acretionary		<b>166</b>			
X Continuation-Modified	Other			All	* 20 H	3.3.3.3.3	Service Services
	Q			· ^=	7.7		
Number of Years Previously Funded Funding, Allotment and Position Data (		indirect costs)	l	~ ~			
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric	including Federal i \$418,259			New Po	ositions Type		Positions
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source	including Federal i \$418,259 Revenue Typ	ie Ar	l		ositions Type	Existing	Type 2 PHE 3
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric	including Federal i \$418,259		mount	New Po	_	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source	including Federal i \$418,259 Revenue Typ	ie Ar	mount	New Po	_	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2 1 R.Sci
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source	including Federal i \$418,259 Revenue Typ	ie Ar	mount	New Po	_	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2 1 R.Sci
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source	including Federal i \$418,259 Revenue Typ	ie Ar	mount	New Po	_	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source	including Federal i \$418,259 Revenue Typ	ie Ar	mount	New Po	_	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2 1 R.Sci
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source	including Federal i \$418,259 Revenue Typ	ie Ar	mount	New Po	_	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2 1 R.Sci
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source 149 Federal	including Federal i \$418,259 Revenue Typ	ie Ar	mount	New Po	_	No. (FTE)	Type 2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source 149 Federal	including Federal in \$418,259  Revenue Typ  PRF	se Ar Ar S S S S S S S S S S S S S S S S S	mount 418,259	New Po No. (FTE)  0	Type	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source 149 Federal  indirect Cost Reimbursement  X Yes Rate 14.2	Revenue Typ PRF  Bas Authorized A	se Ar  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mount 418,259	New Po No. (FTE)  0	Type	Existing No. (FTE)  5  er than Agency	Type 2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric Opropriation Source 149 Federal  indirect Cost Reimbursement  X Yes Rate 14.2  Authorizations	Revenue Typ PRF  Bas Authorized A Richard W	se Ar  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mount 418,259	New Po No. (FTE)  0	Type	Existing No. (FTE)	Type 2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro
Number of Years Previously Funded Funding, Allotment and Position Data ( Total Federal Funds Applied For Numeric propriation Source 149 Federal  indirect Cost Reimbursement  X Yes Rate 14.2	Revenue Typ PRF  Bas Authorized A	se Ar  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mount 418,259	New Po No. (FTE)  0	,539 Title if oth Deputy S	Existing No. (FTE)  5  er than Agency	Type 2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro